Tennessee TEC Ethics Commission

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1 a. **DATE OF DISCLOSURE** _____11/09/07_____

b. **REPORTING PERIOD [check box]:** ☐ **October 1 – March 31** X **April 1 – September 30**

2. a. **NAME OF CORPORATION/ENTITY** _____Tennessee Pharmacists Association_____

b. **NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS**

_____Baeteena M. Black, D.Ph., Executive Director_____

3. a. **ADDRESS** **Street or Rural Route** **City** **State** **Zip Code**

_____500 Church Street, Suite 650, Nashville, TN 37219_____

_____

b. **PHONE NUMBER** ____615/256/3023_____

4. **LOBBYING INTERESTS**

a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.

RECEIVED 2007 NOV 13 ETHICS

TennCare & Cover Tennessee, charitable & nonprofit organizations, worker's compensation, women's issues, disaster preparedness & relief, taxation, hospitals, corporations, & associations, educations, product liability, nursing homes, malpractice-health care providers, state agencies, boards & commissions, alcoholicism & drug abuse, agriculture, ethics, state finances, civil remedies & liabilities, aging, insurance, open records & open meetings, mental health & mental retardation, health & health care, fees & other non-tax revenue, occupational regulation, consumer protection, tort reform, business & commerce_____

b. Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.

_____pharmacy professional association_____

5. **TOTAL AGGREGATE LOBBYIST COMPENSATION.** The term "compensation" is defined by T.C.A. § 3-6-301(7) as ". . . any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). **Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)**

☐ Less than $10,000
X At least $10,000 but less than $25,000
☐ At least $25,000 but less than $50,000
☐ At least $50,000 but less than $100,000
☐ At least $100,000 but less than $150,000
☐ At least $150,000 but less than $200,000
☐ At least $200,000 but less than $250,000
☐ At least $250,000 but less than $300,000
☐ At least $300,000 but less than $350,000
☐ At least $350,000 but less than $400,000

☐ If the aggregate total amount is $400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars ($50,000): _____.

6. **LOBBYIST NAMES.** List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. **Authority: T.C.A. § 3-6-303(a)(1).**

LOBBYIST NAME	IN-HOUSE LOBBYIST
Baeteena M. Black	X
Kam Nola	X
Mark Greene	☐
	☐

7. **LOBBYING-RELATED EXPENDITURES**

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action **in the State of Tennessee**. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. **Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)**

X Less than $10,000
☐ At least $10,000 but less than $25,000
☐ At least $25,000 but less than $50,000
☐ At least $50,000 but less than $100,000
☐ At least $100,000 but less than $150,000
☐ At least $150,000 but less than $200,000
☐ At least $200,000 but less than $250,000
☐ At least $250,000 but less than $300,000
☐ At least $300,000 but less than $350,000
☐ At least $350,000 but less than $400,000

☐ If the aggregate total amount is $400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars ($50,000): _____.

8. **AGGREGATE TOTAL OF ALL IN-STATE EVENTS**

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).**

No Expenditures this reporting period

9. **TO BE SIGNED BY REPORTING OFFICIAL** ***(must be attested to by a witness)***

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Baeteena M. Black — 11/9/07

Signature of Person Completing Report — Date

Print Name of Person: Baeteena M. Black

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Baeteena M. Black — 11/9/07

Signature of CEO, CFO or Authorized Representative — Date

Print Name of Person: Baeteena M. Black

I, Kelly Willoughby, the undersigned, do hereby witness the above signature of the CEO, CFO or Authorized Representative, which was signed in my presence.

(Printed Name of Witness)

Kelly Willoughby — 11/9/07

Signature of Witness — Date

SS-8011